

Texas Department of Health
Toxic Substances Control Division
Asbestos Licensing Section

Place
Photo
Here

PO Box 141097
Austin, Texas 78714-1097
800/572-5548 or 512/834-6610

Do Not Write In This Box - For Health Department Use Only

Date Received: _____
Date Reviewed: _____
Date Approved: _____
License Number: _____
Date Issued: _____ Initials _____

Remittance #: _____ 7C790-178
Amount Received: _____
Fiscal Year: _____
Date Postmarked: _____
Date Mailed: _____ Initials _____

Application For Duplicate Asbestos License/Registration

INSTRUCTIONS: This form must be completed and submitted, along with a **\$20.00** fee, to request a duplicate license/registration certificate. Send a **cashiers check, or money order** payable to the "Texas Department of Health - 7C790-178." **DO NOT SEND CASH OR PERSONAL CHECKS.** A duplicate license/registration certificate will be issued within three weeks of the Asbestos Licensing Office's receipt of your request.

Do Not Forget To Attach A 1" X 1" Photograph Of The Face.

Enter your registration/license number: _____ Expiration Date: _____

| | | | |
|-----------------------------------|------|------------------------------|----------|
| Applicant Name | | Social Security # (optional) | |
| Date of Birth: (month, day, year) | | Telephone Number () | |
| Mailing Address | City | State | Zip Code |

STATEMENT OF LOST OR STOLEN CERTIFICATE: Please state reason that you are seeking a duplicate certificate:

CERTIFICATION: I hereby certify that I have received a copy of the Texas Asbestos Health Protection Rules, I have read and understand them, and agree to comply with them. I understand that it is a violation of TDH rules and a violation of the Texas Penal Code §37.10 to submit any forged or fraudulent documents in order to obtain a license. All information I have provided is correct, complete, and true to the best of my knowledge. I also understand that, under the Privacy Act 5 USC §552(a), my social security number is being given voluntarily and may be used by the Asbestos Licensing Section, under TAC 25 TAC §295.35 (a), to verify my identity.

PRIVACY NOTIFICATION / NOTIFICACIÓN SOBRE PRIVACIDAD

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.tdh.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 522.021, 522.023 and 559.004)

Tan solo por unas cuantas excepciones, usted tiene el derecho de solicitar y de ser informado sobre la información que el Estado de Texas reúne sobre usted. A usted se le debe conceder el derecho de recibir y revisar la información al requerirla. Usted también tiene el derecho de pedir que la agencia estatal corrija cualquier información que se ha determinado sea incorrecta. Dirijase a <http://www.tdh.state.tx.us> para más información sobre la Notificación sobre privacidad. (Referencia: Government Code, sección 522.021, 522.023 y 559.004)

stock #OGC-1 January 2002



Signature of Applicant _____

Date _____

Revised January 2002